Fill in	this information to identify your case:				only as d	irected in this form and	in Form
Debto	Yalanda Lee Jolley		122	2A-1Supp:			
Debto (Spouse	r 2 			1. There	is no pres	umption of abuse	
United States Bankruptcy Court for the: Western District of Washington 2.					☐ 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).		
Case (if know	number n)		_	☐ 3. The M	eans Test	does not apply now be service but it could ap	
						n amended filing	1,
Offic	cial Form 122A - 1					3	
Cha	pter 7 Statement of Your Cur	rent Mon	thly Inc	ome			12/19
attach a case nu	complete and accurate as possible. If two married people as separate sheet to this form. Include the line number to warmber (if known). If you believe that you are exempted froing military service, complete and file Statement of Exempter Calculate Your Current Monthly Income	which the additiona m a presumption o	al information a of abuse becau	ipplies. On th se you do no	ne top of a ot have prin	ny additional pages, writ narily consumer debts o	te your name and or because of
1. <b>V</b>	What is your marital and filing status? Check one or	nly.					
ı	Not married. Fill out Column A, lines 2-11.						
	oxed Married and your spouse is filing with you. Fill $o$	ut both Columns /	A and B, lines	2-11.			
	$\square$ Married and your spouse is NOT filing with you.	You and your sp	pouse are:				
	☐ Living in the same household and are not lega	ally separated. F	ill out both Co	lumns A and	B, lines 2	2-11.	
	Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are living apart for reasons that do not include evading	egally separated	under nonban	kruptcy law	that applic	es or that you and your	
101 the	in the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total uses own the same rental property, put the income from that p	nonth period would be by 6. Fill in the resu	oe March 1 throu ult. Do not includ	ugh August 31 de any income	. If the amo	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commission	ns (before all	\$5,	001.82	\$	
	<b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.		\$	0.00	\$		
fı a	All amounts from any source which are regularly part you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3.	Include regular o d, your dependen	contributions ts, parents,	\$	0.00	\$	
5. <b>N</b>	Net income from operating a business, profession,						
		Debt	or 1				
	Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
	Ordinary and necessary operating expenses		Copy here ->	¢	0.00	\$	
	Net monthly income from a business, profession, or far	m \$	copy liele ->	Ψ	0.00	Ψ	
6. <b>N</b>	Net income from rental and other real property	Debt	or 1				
	Gross receipts (before all deductions)	\$ 0.00					
	Ordinary and necessary operating expenses	-\$ 0.00					
	Net monthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
	nterest dividends and royalties	-		\$	0.00	\$	

7. Interest, dividends, and royalties

\$

Case number (if known)

					Column A		Column B	
					Debtor 1		Debtor 2 or non-filing s	
8.	Unemployment co	mpensation			\$	0.00	\$	
	the Social Security	nount if you contend that the am Act. Instead, list it here:		fit under				
	For you		\$ 0.	00				
_								
	benefit under the S not include any con United States Gove disability, or death of pay paid under cha does not exceed the if retired under any	nent income. Do not include an ocial Security Act. Also, except inpensation, pension, pay, annular ment in connection with a disport of the uniformed sometime of the uniformed sometime of title 10, then include the amount of retired pay to which provision of title 10 other than of	as stated in the next sente ity, or allowance paid by the sability, combat-related injurervices. If you received any that pay only to the extent the you would otherwise be echapter 61 of that title.	nce, do e ry or retired hat it entitled	\$	0.00	\$	
10.	Do not include any received as a victim domestic terrorism; United States Gove disability, or death of	ther sources not listed above, benefits received under the Soon of a war crime, a crime against or compensation pension, pay ernment in connection with a distortion of a member of the uniformed so atte page and put the total below	cial Security Act; payments of humanity, or international of, annuity, or allowance paid sability, combat-related inju- ervices. If necessary, list of	or d by the ry or				
	Reimbur	sment for phone and othe	er expense		\$	400.00	\$	
					\$	0.00	\$	
	Total amor	unts from separate pages, if any	y.	+	\$	0.00	\$	
11.		al current monthly income. Ac add the total for Column A to th		\$	5,401.82	+		= \$ 5,401.82  Total current monthly
Dowl	Determine l	Albathautha Maana Taat Anni	ing to Vari					income
Part	Determine (	Whether the Means Test Appl	les to You					
12.	-	rrent monthly income for the	•					
	12a. Copy your tota	al current monthly income from I	line 11		Cop	by line 11 l	nere=>	\$5,401.82_
	Multiply by 12	(the number of months in a year	ar)					
		(the number of months in a year	~· <i>)</i>					<b>x</b> 12
	12b. The result is y	our annual income for this part	,				12b.	04 004 04
13.		,	of the form	os:			12b.	04 004 04
13.		our annual income for this part	of the form	os:			12b.	04 004 04
13.	Calculate the med	our annual income for this part	of the form  s to you. Follow these step	os:			12b.	04 004 04
13.	Calculate the med Fill in the state in w Fill in the number o Fill in the median fa To find a list of app	our annual income for this part of the par	of the form  s to you. Follow these step  WA  1  size of household. s, go online using the link specific step.		in the sepai	rate instruc	13.	04 004 04
	Calculate the med Fill in the state in w Fill in the number o Fill in the median fa To find a list of app	our annual income for this part of the par	of the form  s to you. Follow these step  WA  1  size of household. s, go online using the link specific step.		in the sepai	rate instruc	13.	\$ 64,821.84
	Calculate the med Fill in the state in w Fill in the number o Fill in the median fa To find a list of app for this form. This li How do the lines of	our annual income for this part of the par	of the form  s to you. Follow these step  WA  1  size of household. s, go online using the link speakruptcy clerk's office.	pecified	·		13. tions	\$ 64,821.84 \$ 83,121.00
	Calculate the med Fill in the state in w Fill in the number o Fill in the median fa To find a list of app for this form. This li How do the lines of 14a. Line 12 Go to 1 14b. Line 12	our annual income for this part of the par	of the form  s to you. Follow these step  WA  1  size of household. s, go online using the link sphankruptcy clerk's office.  13. On the top of page 1, cheficial Form 122A-2. top of page 1, check box 2	pecified neck box	1, There is	no presum	13. tions option of abuse	\$ 64,821.84 \$ 83,121.00
	Calculate the med Fill in the state in w Fill in the number o Fill in the median fa To find a list of app for this form. This li How do the lines of 14a. Line 12 Go to 1 14b. Line 12 Go to 1	our annual income for this part of the par	of the form  s to you. Follow these step  WA  1  size of household. s, go online using the link sphankruptcy clerk's office.  13. On the top of page 1, cheficial Form 122A-2. top of page 1, check box 2	pecified neck box	1, There is	no presum	13. tions option of abuse	\$ 64,821.84 \$ 83,121.00
14.	Calculate the med Fill in the state in w Fill in the number o Fill in the median fa To find a list of app for this form. This list How do the lines of 14a. Line 1: Go to 1 14b. Line 1: Go to 1 3: Sign Below	our annual income for this part of the par	of the form  s to you. Follow these step  WA  1  size of household. s, go online using the link s bankruptcy clerk's office.  13. On the top of page 1, ch ficial Form 122A-2. top of page 1, check box 2	pecified neck box , The pre	: 1, There is	no presum	13. tions option of abuse determined by	\$ 64,821.84  \$ 83,121.00
14.	Calculate the med Fill in the state in w Fill in the number o Fill in the median fa To find a list of app for this form. This list How do the lines of 14a. Line 1: Go to 1 14b. Line 1: Go to 1 3: Sign Below	our annual income for this part in a family income that applies hich you live.  If people in your household, amily income for your state and licable median income amounts st may also be available at the loompare?  2b is less than or equal to line 1 Part 3. Do NOT fill out or file Off 2b is more than line 13. On the Part 3 and fill out Form 122A-2.	of the form  s to you. Follow these step  WA  1  size of household. s, go online using the link s bankruptcy clerk's office.  13. On the top of page 1, ch ficial Form 122A-2. top of page 1, check box 2	pecified neck box , The pre	: 1, There is	no presum	13. tions option of abuse determined by	\$ 64,821.84  \$ 83,121.00

Debtor 1	Yalanda Lee Jolley	Case number (if known)
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Date <u>July 26, 2023</u> MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Case number (if known)

## **Current Monthly Income Details for the Debtor**

## **Debtor Income Details:**

Income for the Period 01/01/2023 to 06/30/2023.

## Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Bud Clary

Income by Month:

6 Months Ago:	01/2023	\$5,454.75
5 Months Ago:	02/2023	\$3,563.38
4 Months Ago:	03/2023	\$4,989.79
3 Months Ago:	04/2023	\$4,996.40
2 Months Ago:	05/2023	\$5,419.58
Last Month:	06/2023	\$5,587.04
	Average per month:	\$5,001.82

## Line 10 - Income from all other sources

Source of Income: Reimbursment for phone and other expense

Income by Month:

6 Months Ago:	01/2023	\$400.00
5 Months Ago:	02/2023	\$400.00
4 Months Ago:	03/2023	\$400.00
3 Months Ago:	04/2023	\$400.00
2 Months Ago:	05/2023	\$400.00
Last Month:	06/2023	\$400.00
	Average per month:	\$400.00